

2008 ASIIS Web Application Training Update

ASIIS Registry and Web Application Training classes are scheduled on the dates indicated below. Phoenix classes are located at the Arizona Department of Health Services Building, 1740 W. Adams St. (Room 008).

ASIIS offers both an introductory class and an advanced class. The content includes:

Introductory Training	Advanced Training
Origin and purpose of the Registry	Reminder/Recall
Locating and logging in to the Web Application	Forecast settings
Searching for, retrieving, and adding patients	Managing your vaccine inventory
Adding historical and administered immunizations	Adding/updating physicians and vaccinators
Searching for, retrieving, and adding lot numbers	Adding/updating facilities
Printing patient records	Personal Settings
Viewing vaccination forecasts	High-risk patient module
Printing the VFC patient log	Vaccination deferrals module
Birth order	Co-CASA exports

Phoenix Training Schedule

Introductory Training in Phoenix (2008) Class Times are 9am – 12noon	Advanced Training in Phoenix (2008) Class Times are 9am – 12noon
March 4 & 11 April 1 & 8 May 6 & 13 June 3 & 10 July 1 & 8 August 5, 12 & 19 September 9 & 16 October 7 & 14 November 4 December 9 & 16	March 18 April 15 May 20 July 15 October 21 November 18 December 23

Regional Training Schedule (Exact Dates and Locations TBD)

All regional training sessions combine Introductory and Advanced topics.

March: Kingman and Yuma April: Tucson and Show Low July: Tucson and Safford August: Kingman and Flagstaff September: Page, Littlefield, Fredonia, Yuma, Cochise County October: Lake Havasu City, Tucson

Enroll today! Call 1-877-491-5741.

Requirement for Hib Vaccine Booster is Temporarily Suspended

Jennifer Ralston-King
Immunization Assessment Coordinator

Due to a nationwide shortage of Hib (*haemophilus influenzae type B*) vaccine, the Arizona Department of Health Services (ADHS) has temporarily suspended the requirement for children in child care settings to receive a Hib vaccine booster dose after 12 months of age. Arizona Administrative Code R9-6-702(E) authorizes ADHS to suspend compliance with immunization requirements in the event of a vaccine shortage. ADHS suspended the requirement for a Hib vaccine booster dose on January 3, 2008. The suspension is scheduled to last through August 31, 2008, but may be extended if Hib vaccine shortages continue.

1. **Where can I find the most up to date information about the Hib vaccine shortage?**
 - The most up-to-date guidance on vaccine shortages and delays from the Centers for Disease Control and Prevention (CDC) may be found at <http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm>
2. **What is a Hib vaccine booster?**
 - A Hib vaccine booster is the Hib vaccine dose usually given at 12-15 months of age to boost the immunity of a child who received a primary series of 2-3 Hib vaccine doses during the first year of life.
3. **Why is the Hib vaccine booster requirement being suspended?**
 - The Centers for Disease Control and Prevention (CDC) has recommended that supplies of Hib vaccine be used for the primary series of 2-3 Hib vaccine doses given during the first year of life.
4. **How long will the Hib vaccine booster requirement be suspended?**
 - Children attending Arizona child care, preschool and Head Start settings will not be required to have a Hib vaccine booster dose until September 1, 2008. Children reach age 5 before September 1st will not be required to receive a Hib vaccine booster.
 - If Hib vaccine shortages make it necessary to extend the suspension of the Hib vaccine booster requirement beyond August 31st, child care centers will be notified when their 2008 Immunization Data Report packets are mailed in August and September of 2008.
5. **Are children under 12 months of age still required to receive Hib vaccine in order to attend child care?**
 - **Yes.** Hib #1 is required at 2 months; Hib #2 is required at 4 months; Hib #3 is required at 6 months unless PedvaxHIB® or COMVAX® Hib vaccine was given for Hib #1 and Hib #2.
6. **Are children 12 months and older who have never received Hib #1 still required to receive Hib #1 in order to attend child care?**
 - **Yes.** A child who is 12-59 months of age must receive Hib #1 in order to attend child care because the child never received the primary Hib vaccine series.
7. **Are children 12 months and older who have never received Hib #2 still required to receive Hib #2 in order to attend child care?**
 - **Yes.** Hib #2 is required to complete the primary Hib vaccine series 2 months after Hib #1 if the first dose of Hib vaccine was given when the child was less than 15 months of age. Hib #2 is not required for child care attendance if the first dose of Hib vaccine was given when the child was 15 months of age or older.
8. **Who can I call with questions about Hib vaccine and Hib vaccine requirements?**
 - Child care centers may contact the ADHS Immunization Assessment Unit at 602-364-3632 or 1-866-222-2329.
 - Health care providers may contact the Vaccines for Children (VFC) program at 602-364-3642.



Save the Date
April 23, 2008 for
The Arizona Big Shots Award
Dinner

Honoring Our Partners

Wednesday, April 23, 2008
Reception & Silent
Auction: 5:30 p.m.
Dinner: 7:00 p.m.
Awards Presentation and
Program



Phoenix Country Club
2901 North 7th Street
Phoenix, Arizona

Reserve a table, in your organization's name, allowing key staff the opportunity to participate.

Sponsorship
Table for 10 \$750.00

RSVP to Minyon Herring
(602) 288-7568

Table sponsors will be graciously recognized for their support of immunization efforts for healthy Arizonans.

Individual seats available for \$75.00

***Personal invitations will be mailed**

YOUR BABY'S FIRST VACCINES

WHAT YOU NEED TO KNOW

Babies get six vaccines
between birth and
6 months of age.

These vaccines
protect your baby
from 8 serious diseases
(see the next page).



**Your baby will get vaccines today that prevent
these diseases:**

- ☐ Hepatitis B ☐ Polio ☐ Pneumococcal Disease
☐ Diphtheria, Tetanus & Pertussis ☐ Rotavirus ☐ Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B).

These “combination vaccines” are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

***These vaccines may all be given at the same visit.
Getting several vaccines at the same time will not harm your baby.***

This *Vaccine Information Statement (VIS)* tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines.
Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



Vaccine Information Statement
42 U.S.C. § 300aa-26
1/30/2008

Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

8 Diseases Prevented by Childhood Vaccines

DIPHTHERIA

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

It can lead to breathing problems, heart failure, and death.

TETANUS (Lockjaw)

Bacteria

You can get it from a cut or wound. It does not spread from person to person.

Signs and symptoms include painful tightening of the muscles, usually all over the body.

It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

PERTUSSIS (Whooping Cough)

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

HIB (*Haemophilus influenzae* type b)

Bacteria

You can get it from contact with an infected person.

Signs and symptoms. There may be no signs or symptoms in mild cases.

It can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

HEPATITIS B

Virus

You can get it from contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

It can lead to liver damage, liver cancer, and death.

POLIO

Virus

You can get it from close contact with an infected person. It enters the body through the mouth.

Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all.

It can lead to paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

PNEUMOCOCCAL

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include fever, chills, cough, and chest pain.

It can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

ROTAVIRUS

Virus

You can get it from contact with other children who are infected.

Signs and symptoms include severe diarrhea, vomiting and fever.

It can lead to dehydration, hospitalization (up to about 70,000 a year), and death.

How Vaccines Work

Immunity from Disease: When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: 5 doses – 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
 - **Hepatitis B** Vaccine: 3 doses – Birth, 1-2 months, 6-18 months.
 - **Polio** Vaccine: 4 doses – 2 months, 4 months, 6-18 months, 4-6 years.
 - **Hib** (*Haemophilus influenzae* type b) Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
 - **Pneumococcal** Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Older children with certain diseases may also need this vaccine.
 - **Rotavirus** Vaccine: 3 doses – 2 months, 4 months, 6 months. Rotavirus is an oral (swallowed) vaccine, not a shot.
-

Vaccine Risks

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as **tenderness**, **redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor’s office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

Other Reactions

The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t *prove* that a vaccine caused a reaction, but does mean it is probable.

DTaP Vaccine

Mild Problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

Moderate Problems: Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious Problems: Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can’t be sure they are caused by the vaccine.

Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

Pneumococcal Vaccine

Mild Problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus Vaccine

Mild Problems: Children who get rotavirus vaccine are slightly more likely than other children to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. No moderate or serious problems have been associated with the vaccine.

Precautions

If your child is sick on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:
 - A brain or nervous system disease within 7 days
 - Non-stop crying for 3 or more hours
 - A seizure or collapse
 - A fever over 105°FTalk to your provider before getting **DTaP Vaccine**.
- If your child has:
 - A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin BTalk to your provider before getting **Polio Vaccine**.
- If your child has:
 - A life-threatening allergy to yeastTalk to your provider before getting **Hepatitis B Vaccine**.
- If your child has:
 - A weakened immune system
 - Ongoing digestive problems
 - Recently gotten a blood transfusion or other blood product
 - Ever had intussusception (an uncommon type of intestinal obstruction)Talk to your provider before getting **Rotavirus Vaccine**.

What if my child has a moderate or severe reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- | | | |
|--------------------------|-------------------|------------|
| - difficulty breathing | - weakness | - hives |
| - hoarseness or wheezing | - dizziness | - paleness |
| - swelling of the throat | - fast heart beat | |

What should I do?

Call a doctor, or get the child to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the shot was given.

Ask your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

For More Information

Ask your healthcare provider. They can show you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636 (1-800-CDC-INFO)**.

Visit CDC websites at www.cdc.gov/vaccines and www.cdc.gov/ncidod/diseases/hepatitis.

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of **bacterial meningitis** in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine pre-adolescent immunization visit (at 11-12 years). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups. MPSV4 can be used if MCV4 is not available and for adults over 55.

How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes a second dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

4

Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their provider before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

5

What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called **Guillain-Barré Syndrome** (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

6

What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
 - **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
 - **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
- Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has had a rare serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

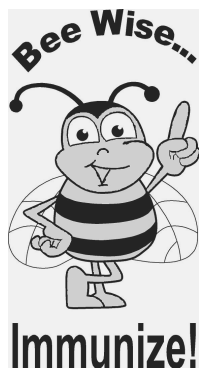
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How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's National Immunization Program website at www.cdc.gov/vaccines
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at wwwn.cdc.gov/travel



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



15th Annual Arizona Immunization Conference

April 22-23, 2008

Registration Form

Name _____ Title _____

Print all information

Organization _____

Spell out full name of organization

Address _____ City _____ Zip _____

Phone () _____ Fax () _____ E-Mail _____

Please check (√) all that applies:

- ☐ MD ☐ DO
- ☐ Pharmacist
- ☐ PA ☐ NP
- ☐ Epidemiologist
- ☐ RN
- ☐ LPN
- ☐ School nurse (check RN or LPN also)
- ☐ Public Health Nurse (check RN or LPN)
- ☐ Lab Technician
- ☐ Immunization Manager
- ☐ MA ☐ Other Office Staff
- ☐ Other School Personnel

Please check (√) description of organization type:

- ☐ Community Health Center
- ☐ Corrections
- ☐ County Health Department
- ☐ Family/General Practice
- ☐ Family Health Center
- ☐ Hospital
- ☐ Hospital-Based Clinic
- ☐ Indian Health Services
- ☐ Pediatrician
- ☐ School Based Clinic
- ☐ Other _____

Conference Fees:

Early Bird Rate (before April 1)		Normal Rate (after April 1)	
April 22 and 23 – both Tues & Wed	\$160	April 22 and 23 - both Tues & Wed	\$175
April 22nd - Tuesday only	\$90	April 22nd – Tuesday only	\$100
April 23rd - Wednesday only	\$90	April 23rd – Wednesday only	\$100

Conference will be held at the:

Black Canyon Conference Center, 9440 N. 25th Avenue, in Phoenix, AZ, 85021

- Make check payable to **TAPI** (The Arizona Partnership for Immunization)
- Mail Registration to **(must include check or Purchase Order to be complete):**
 Arizona Immunization Program Office
 150 N. 18th Ave., Suite 120
 Phoenix AZ 85007-3233
- Questions: Call Clare Crosby at (602) 364-3896;
 Fax (602) 364-3285; or E-Mail crosbyc@azdhs.gov



Have applied for CME Credits & CEU Contact Hours